

Recipient Committee Campaign Statement

(Government Code Sections 84200-84216.5)

Type or print in ink.

Date Stamp

CALIFORNIA
2001/02
FORM

COVER PAGE
460

Page 1 of 155

For Official Use Only

Statement covers period

from 08/24/2003

through 09/20/2003

Date of election if applicable:
(Month, Day, Year)

10/07/2003

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees - Complete Parts 1,2,3, and 4.

- ☒ Officeholder, Candidate Controlled Committee
☒ State Candidate Election Committee
☒ Recall

(Also Complete Part 5.)

- ☐ General Purpose Committee
☐ Sponsored
☐ Small Contributor Committee
☐ Political Party/Central Committee

- ☐ Ballot Measure Committee
☐ Primary Formed
☐ Controlled
☐ Sponsored

(Also Complete Part 6.)

- ☐ Primary Formed Candidate/
Officeholder Committee
(Also Complete Part 7.)

2. Type of Statement:

- ☒ Pre-election Statement
☐ Semi-annual Statement
☐ Termination Statement
☒ Amendment (Explain below)

- ☐ Quarterly Statement
☐ Special Odd-Year Report
☐ Supplemental Preelection
Statement - Attach Form 495

Summary Page and Schedules A, D, E, F, G and I corrected.

3. Committee Information

I.D. NUMBER
962636

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
The Governor Gray Davis Committee

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Los Angeles</u>	<u>CA</u>	<u>90069-0000</u>	

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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OPTIONAL: FAX/E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER
J. Ari Swiller

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Los Angeles</u>	<u>CA</u>	<u>90017</u>	<u>(213)452-6565</u>

NAME OF ASSISTANT TREASURER, IF ANY
Stephen J. Kaufman

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Los Angeles</u>	<u>CA</u>	<u>90017</u>	<u>(213) 452-6565</u>

OPTIONAL: FAX/E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on _____ By Stephen Kaufman
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC
State of California

Recipient Committee Campaign Statement Cover Page – Part 2

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA
FORM **460**

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Gray Davis

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

Held: Governor

Statewide

00

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

Los Angeles

CA

90069

Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME

CA Against the Costly Recall of the Governor

I.D. NUMBER

1256416

NAME OF TREASURER

J. Ari Swiller

CONTROLLED COMMITTEE?

☒ YES

☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)

CITY

Los Angeles

STATE

CA

ZIP CODE

90069

AREA CODE/PHONE

(310) 228-2857

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

☐ YES

☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

6. Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER

JURISDICTION

☐ SUPPORT

☐ OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

7. Primarily Formed Committee

List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT

☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT

☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT

☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT

☐ OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Type or print in ink.
Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period from 08/24/2003 through 09/20/2003	CALIFORNIA FORM 460 Page 3 of 155 I.D. NUMBER 962636
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

The Governor Gray Davis Committee

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3	\$368,517.00	\$1,552,356.99
2. Loans Received	Schedule B, Line 7	\$0.00	\$0.00
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$368,517.00	\$1,552,356.99
4. Nonmonetary Contributions	Schedule C, Line 3	\$1,635.00	\$22,528.52
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	\$370,152.00	\$1,574,885.51

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

	1/1 through 6/30	7/1 to Date
20. Contribution Received	\$0.00	\$0.00
21. Expenditures Made	\$0.00	\$0.00

Expenditures Made

6. Payments Made	Schedule E, Line 4	\$509,307.33	\$2,023,722.81
7. Loans Made	Schedule H, Line 7	\$0.00	\$700,000.00
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	\$509,307.33	\$2,723,722.81
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	(\$64,423.72)	\$13,323.12
10. Nonmonetary Adjustment	Schedule C, Line 3	\$1,635.00	\$22,528.52
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	\$446,518.61	\$2,759,574.45

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	\$980,912.95	To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).
13. Cash Receipts	Column A, Line 3 above	\$368,517.00	
14. Miscellaneous Increases to Cash	Schedule I, Line 4	\$3,865.95	
15. Cash Payments	Column A, Line 8 above	\$509,307.33	
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	\$843,988.57	
If this is a termination statement, Line 16 must be zero.			

17. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2 \$0.00

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	See instructions on reverse	\$0.00
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	\$13,323.12

*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

Schedule A

Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period		CALIFORNIA FORM 460
from	08/24/2003	
through	09/20/2003	Page 4 of 155
NAME OF FILER The Governor Gray Davis Committee		I.D. Number 962636

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/28/2003	Sally T Acosta Los Angeles, CA 90004	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A Retired	\$100.00	\$100.00	
8/28/2003	Katherine M Albright San Francisco, CA 94115	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Child Care Co Policy Director	\$100.00	\$100.00	
9/3/2003	Manuela Albuquerque Berkeley, CA 94708	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City Of Berkeley Atty.	\$100.00	\$100.00	
9/9/2003	Jacqueline Aldridge Alameda, CA 94501	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Kaiser Permanente Health Care Analyst	\$100.00	\$100.00	
8/26/2003	ELIZABETH ALEXANDER MENLO PARK, CA 94025	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Information Requested Information Requested	\$100.00	\$100.00	

SUBTOTAL

Schedule A Summary

1. Amount received this period - contributions of \$100 or more. (Include all Schedule A subtotals.)	\$302,180.00
2. Amount received this period - unitemized contributions of less than \$100	\$66,337.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)	TOTAL \$368,517.00

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

FPPC Form 460 (JUNE/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	08/24/2003	
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NAME OF FILER

The Governor Gray Davis Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/27/2003	Charles S. Anderson Los Angeles, CA 90016	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A Retired	\$100.00	\$100.00	
8/25/2003	Delora Arant Manhattan Beach, CA 90266	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A Not employed	\$100.00	\$100.00	
9/3/2003	Janis Barquist Beverly Hills, CA 90210	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City Of Los Angeles Attorney	\$100.00	\$100.00	
9/17/2003	Jane Bauer Santa Ana, CA 92705	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Jane Bauer Attorney	\$100.00	\$100.00	
9/9/2003	JUDITH BELL MISSION HILLS, CA 91345	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A Retired	\$100.00	\$100.00	

SUBTOTAL

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	08/24/2003	
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NAME OF FILER

The Governor Gray Davis Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/17/2003	Sandra K. Benoit Sausalito, CA 94966	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City Of Sausalito Finance Director	\$100.00	\$100.00	
9/9/2003	Miriam Bermann Modesto, CA 95356	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Stanislaus Co, Office Of Education Educator	\$100.00	\$100.00	
8/27/2003	Grace Bird Downey, CA 90240	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A Retired	\$100.00	\$100.00	
9/3/2003	Ralph Black Sacramento, CA 95818	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	California Community Colleges Attorney	\$100.00	\$100.00	
9/9/2003	Mary Ann Board San Mateo, CA 94402	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A Retired	\$100.00	\$100.00	

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER The Governor Gray Davis Committee		I.D. Number 962636

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/9/2003	Lucia Bogatay San Francisco, CA 94103	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Lucia Bogatay Architect	\$200.00	\$200.00	
9/3/2003	Sharon Boschen Santa Rosa, CA 95404	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A Retired	\$100.00	\$100.00	
9/17/2003	Avis A Boutell Moss Beach, CA 94038	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	California State Parks Seasonal Employee	\$100.00	\$100.00	
9/9/2003	Margaret Bowerman Oakland, CA 94602	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Information Requested Information Requested	\$100.00	\$100.00	
8/25/2003	Phyllis Boyd Willows, CA 95988	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Phyllis Boyd Recycling Rice Straw	\$100.00	\$1,100.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/25/2003	Phyllis Boyd Willows, CA 95988	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Phyllis Boyd Recycling Rice Straw	\$1,000.00	\$1,100.00	
9/17/2003	John W Boyle La Crescenta, CA 91214	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Los Angeles County Fire Department Fire Captain	\$100.00	\$100.00	
9/19/2003	Carolyn Brewer Los Angeles, CA 90065	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A Retired	\$200.00	\$200.00	
9/9/2003	Mary B Bridgewater Santa Clara, CA 95051	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Santa Clara Unified School Dist Teacher Aid	\$100.00	\$100.00	
8/28/2003	Anita Brown Sunnyvale, CA 94087	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Information Requested Information Requested	\$100.00	\$100.00	

SUBTOTAL

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

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8/28/2003	Bernie Brown West Covina, CA 91791	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	LA City Attorney's Office Deputy City Attorney	\$100.00	\$300.00	
8/28/2003	Bernie Brown West Covina, CA 91791	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	LA City Attorney's Office Deputy City Attorney	\$200.00	\$300.00	
8/26/2003	Doug And Stephanie Butler Lafayette, CA 94549	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A Retired	\$100.00	\$100.00	
9/17/2003	Tom Byrne Fremont, CA 94538	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A Retired	\$100.00	\$100.00	
8/28/2003	Diane L. Caillat Newbury Park, CA 91320	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Diane L. Caillat Recording Studio	\$100.00	\$100.00	

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER The Governor Gray Davis Committee		I.D. Number 962636

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9/9/2003	Yvonne E. E. Campos San Diego, CA 92106	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	US Attorney's Office Assistant US Attorney	\$100.00	\$100.00	
9/17/2003	Cort Casady Encino, CA 91436	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Cort Casady Entertainment, Inc. Executive Producer	\$100.00	\$100.00	
9/9/2003	Jeffrey Castellaw Alpine, CA 91901-1901	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Information Requested Information Requested	\$100.00	\$100.00	
9/17/2003	Cement Masons Local 400 PAC Sacramento, CA 95834 Committee ID: 1223458	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	
9/9/2003	Janice B Chainey La Honda, CA 94020	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A Retired	\$100.00	\$100.00	

SUBTOTAL

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IND - Individual
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 08/24/2003		
through 09/20/2003		Page 11 of 155
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/26/2003	Steve Chessin Mountain View, CA 94040	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sun Microsystems Software Engineer	\$100.00	\$100.00	
8/27/2003	KATIE CHILTON MENLO PARK, CA 94025	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A Retired	\$100.00	\$100.00	
9/15/2003	Yongsun Diane Cho Los Angeles, CA 90020	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Jamison Properties Leasing Manager	\$100.00	\$100.00	
8/25/2003	Henrietta Cohen Mill Valley, CA 94941	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A Homemaker	\$100.00	\$100.00	
9/3/2003	Howard C Cohen La Jolla, CA 92037	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Appellate Defenders Attorney	\$200.00	\$200.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
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SCHEDULE A (CONT.)

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I.D. Number
962636

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/29/2003	Linda C. Collins Oakland, CA 94618	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Los Medanos College Faculty	\$200.00	\$200.00	
9/3/2003	Lauren Colloff Toluca Lake, CA 91602	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Kaiser Health Care Int.	\$100.00	\$100.00	
8/25/2003	Dorothy Cook San Jose, CA 95125	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A Not Employed	\$100.00	\$100.00	
9/3/2003	Patricia F Coughlin Lompoc, CA 93436	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Patricia F. Coughlin Office Manager Medical Office	\$100.00	\$100.00	
9/17/2003	Cheryl Cromwell Hollywood, CA 90028	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Cheryl Cromwell Consultant	\$100.00	\$100.00	

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

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NAME OF FILER

The Governor Gray Davis Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/9/2003	Karen Dabby Los Angeles, CA 90024	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Karen Dabby Video Editor	\$150.00	\$150.00	
9/15/2003	Paula Daniels Los Angeles, CA 90049	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Paula Daniels Attorney	\$250.00	\$250.00	
8/26/2003	Elizabeth Davis Claremont, CA 91711	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A Homemaker	\$100.00	\$150.00	
8/26/2003	Elizabeth Davis Claremont, CA 91711	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A Homemaker	\$50.00	\$150.00	
8/27/2003	Pegi De Soto Lompoc, CA 93436	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A Retired	\$100.00	\$100.00	

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/25/2003	GERALD DECTER BEVERLY HILLS, CA 90210	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A Retired	\$100.00	\$100.00	
8/29/2003	William Dobbins Jr. Los Angeles, CA 90025	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Photographer	\$200.00	\$200.00	
9/2/2003	L. John Doerr III Woodside, CA 94062	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Kleiner Perkins Caufield & Byers Venture Capitalist	\$100,000.00	\$100,000.00	
9/9/2003	Lisa Drinkward Saint Helena, CA 94574	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Lisa Drinkward Wine Maker	\$100.00	\$100.00	
8/26/2003	DRIVE Committee Washington, DC 20001 Committee ID: 530215427	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$50,000.00	\$50,000.00	

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/27/2003	Stephen Eckis Morro Bay, CA 93442	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Stephen Eckis Lawyer	\$100.00	\$100.00	
8/27/2003	Shari Epstein Santa Monica, CA 90402	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Shari Epstein	\$100.00	\$100.00	
8/26/2003	Brian P. Evans Alamo, CA 94507	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A Retired	\$100.00	\$200.00	
9/3/2003	Brian P. Evans Alamo, CA 94507	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A Retired	\$100.00	\$200.00	
8/29/2003	Michael Feuer Los Angeles, CA 90035	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Morrison & Foerster Attorney	\$250.00	\$250.00	

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>08/24/2003</u> through <u>09/20/2003</u>		CALIFORNIA FORM 460 Page <u>16</u> of <u>155</u> I.D. Number 962636
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The Governor Gray Davis Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/28/2003	Barbara A Fielden Sunnyvale, CA 94087	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Cupertino Union School Dist Instructional Asst	\$100.00	\$100.00	
8/25/2003	Coreen Fields Carson, CA 90746	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A Retired	\$100.00	\$100.00	
9/3/2003	Susan Foster Sunnyvale, CA 94087	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Information Requested Information Requested	\$100.00	\$100.00	
8/26/2003	Frances Fowells West Covina, CA 91791	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A Retired	\$100.00	\$100.00	
9/17/2003	Blake Franklin Laguna Beach, CA 92651	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Gibson, Dunn & Crutcher Attorney	\$100.00	\$100.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

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8/26/2003	Ray Freed Northridge, CA 91324	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A Retired	\$100.00	\$100.00	
9/17/2003	Friends Of Michael Reilly Sebastopol, CA 95472 Committee ID: 950443	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$100.00	\$100.00	
9/3/2003	Daniel Frost Redding, CA 96002	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Carr Kennedy Peterson & Frost Attorney	\$100.00	\$100.00	
9/9/2003	Shirley Gardner Riverside, CA 92506	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A Retired	\$100.00	\$100.00	
8/25/2003	Ruth Gay Carmichael, CA 95608	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A Retired	\$100.00	\$100.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>08/24/2003</u> through <u>09/20/2003</u>		CALIFORNIA FORM 460 Page <u>18</u> of <u>155</u> I.D. Number 962636
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NAME OF FILER

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/25/2003	Ginger Gherardi Santa Paula, CA 93060	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Ventura Cty Transportation Exec. Director	\$100.00	\$100.00	
8/25/2003	Frank And Hiroko Gibney Santa Barbara, CA 93103	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Pomona College Professor	\$200.00	\$200.00	
9/3/2003	Anita Glasco Marina Del Rey, CA 90292	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A Retired	\$100.00	\$100.00	
8/28/2003	Cambria Gordon Los Angeles, CA 90069	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Cambria Gordon Writer	\$100.00	\$100.00	
8/25/2003	Gerda Gordon Palm Springs, CA 92264	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A Retired	\$100.00	\$100.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from 08/24/2003 through 09/20/2003		CALIFORNIA FORM 460 Page 19 of 155
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9/17/2003	David Graves Napa, CA 94559	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	David Graves Wine Maker	\$100.00	\$100.00	
8/26/2003	Deborah Griffith Burlingame, CA 94010	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Better Business Bureau Analyst	\$100.00	\$100.00	
8/25/2003	Madhusudham T Gupta Palm Springs, CA 92262	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Valley Heart Physicians Cardiologist	\$100.00	\$100.00	
9/3/2003	Janice W Hamill Alamo, CA 94507	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Janice Hamill Attorney	\$100.00	\$100.00	
9/3/2003	Nancy H Handel Menlo Park, CA 94025	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Applied Materials Finance Manager	\$100.00	\$100.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

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9/9/2003	Susan Y Hanson Walnut Creek, CA 94598	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Charles Hansen Md Technical Consultant	\$100.00	\$100.00	
8/27/2003	Wilhelmina Hathaway Riverside, CA 92506	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Riverside Community College Chemistry Professor	\$100.00	\$100.00	
9/17/2003	Kenneth Hecht Berkeley, CA 94705	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	California Food Policy Advocates Executive Director	\$250.00	\$250.00	
8/26/2003	ALBERT HEINTZELMAN LOS ANGELES, CA 90019	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Information Requested Information Requested	\$100.00	\$100.00	
8/26/2003	Robert L. Henderson Whittier, CA 90608	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Henderson Incorporated Insurance Broker	\$100.00	\$100.00	

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
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9/17/2003	Harriet T Herrick Ojai, CA 93024	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A Retired	\$100.00	\$100.00	
8/25/2003	Roderick Q. Hickman Sacramento, CA 95822	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	State Dept Of Corrections	\$100.00	\$100.00	
8/27/2003	Ernest T Hirose San Jose, CA 95121	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A Retired	\$200.00	\$200.00	
9/3/2003	Susan L. Hisserich Los Angeles, CA 90039	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Newspapers First Sales Assistant	\$100.00	\$100.00	
8/29/2003	Charles Y. Ho Claremont, CA 91711	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed Physician	\$2,000.00	\$2,000.00	

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SCHEDULE A (CONT.)

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8/25/2003	Melodie Hollander Los Angeles, CA 90024	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Melodie Hollander Writer	\$100.00	\$100.00	
9/17/2003	Galen Holsinger Citrus Hts., CA 95621	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A Retired	\$100.00	\$100.00	
9/3/2003	Deborah Horwitz San Diego, CA 92122	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Elite Racing Inc Sales & Outreach	\$100.00	\$100.00	
8/28/2003	Carol Howe Camarillo, CA 93010	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Information Requested Information Requested	\$100.00	\$100.00	
9/19/2003	Lon Hughes San Rafael, CA 94901	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Information Requested Information Requested	\$100.00	\$100.00	

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER The Governor Gray Davis Committee		I.D. Number 962636

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/9/2003	George Abdallah Humphrey Manteca, CA 95337	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	State Of California Judge	\$250.00	\$250.00	
9/3/2003	Geraldine Hurley Los Angeles, CA 90036	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	LA Unified School Dist. Teacher	\$100.00	\$100.00	
9/3/2003	Gary Jacobs Del Mar, CA 92014	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Jacobs Investment Co. Managing Partner	\$100.00	\$100.00	
9/8/2003	Ralph Janigian San Francisco, CA 94116	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A Not Employed	\$100.00	\$100.00	
9/8/2003	Linda Marie Jenkins Gretna, LA 70056	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Linda Marie Jenkins Real Estate	\$100.00	\$100.00	

SUBTOTAL

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
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SCHEDULE A (CONT.)

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NAME OF FILER The Governor Gray Davis Committee		I.D. Number 962636

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/26/2003	Patrick Marshment Jenkins Redwood City, CA 94061	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A Not Employed	\$100.00	\$100.00	
9/17/2003	Cheriel M Jensen Saratoga, CA 95070	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A Retired	\$100.00	\$100.00	
9/17/2003	Victoria L. Johnson Sunnyvale, CA 94087	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City Of Sunnyvale Librarian	\$100.00	\$100.00	
9/3/2003	Janet D Jonte Oakland, CA 94610	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	UC San Fransisco Nurse	\$100.00	\$100.00	
9/3/2003	Priscilla Kapel Palo Alto, CA 94301	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Information Requested Information Requested	\$125.00	\$125.00	

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/28/2003	Robert Kehr Los Angeles, CA 90025	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Information Requested Information Requested	\$100.00	\$100.00	
9/3/2003	Harry W. Kelley Riverside, CA 92503	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A Retired	\$100.00	\$100.00	
9/15/2003	Eileen Sun Kim Los Angeles, CA 90036	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A Law Student	\$100.00	\$100.00	
9/15/2003	Victor King Glendale, CA 91208	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CSU Los Angeles Legal Counsel	\$100.00	\$100.00	
8/26/2003	Gerry B. Knight West Covina, CA 91791	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A Retired	\$100.00	\$100.00	

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
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8/25/2003	Eleanor Gray Knudson Belmont, CA 94002	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A Retired	\$100.00	\$100.00	
8/27/2003	David J. Krichevsky Nipomo, CA 93444	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A Retired	\$100.00	\$100.00	
9/3/2003	Michelle L. Kristensen Capitola, CA 95010	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Soekris Eng Accountant	\$100.00	\$100.00	
8/26/2003	Faith P. Kroeger San Francisco, CA 94112	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City Of Redwood IT Analyst	\$100.00	\$100.00	
9/9/2003	Lily Krulevitch Petaluma, CA 94952	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A Retired	\$100.00	\$100.00	

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

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NAME OF FILER

The Governor Gray Davis Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/2/2003	Deok Ja Kwon Los Angeles, CA 90019	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Pride Cleaners Owner	\$500.00	\$500.00	
9/9/2003	Donna R La Point Napa, CA 94559	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A Retired	\$100.00	\$100.00	
9/17/2003	Barbara Lambarida San Francisco, CA 94122	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CA Nurses Assn. Representative	\$250.00	\$250.00	
8/28/2003	Victor Law	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Information Requested Information Requested	(\$25,000.00)	\$0.00	
8/28/2003	Rona P Layton San Jose, CA 95129	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City Of San Jose Attorney	\$100.00	\$100.00	

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SCHEDULE A (CONT.)

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8/26/2003	James R Lee Redding, CA 96002	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A Retired	\$100.00	\$100.00	
8/25/2003	Paulon Lee Danville, CA 94526	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Dr. De Girolamo DMD Reg. Dental Hygenist	\$100.00	\$100.00	
9/3/2003	Margo A Leslie Berkeley, CA 94703	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Alameda County Secretary	\$100.00	\$100.00	
8/26/2003	SANDRA LEVINE SAN RAFAEL, CA 94903	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sandra Levine Physician	\$100.00	\$100.00	
9/18/2003	Arthur Levitt Jr. Westport, CT 06880	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Arthur Levitt Banker	\$500.00	\$500.00	

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SCHEDULE A (CONT.)

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9/3/2003	Shirley C Levitt San Jose, CA 95124	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Lu Levitt Real Estate Construction	\$200.00	\$200.00	
8/25/2003	Norman Lezin Santa Cruz, CA 95060	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A Retired	\$100.00	\$100.00	
8/28/2003	Warren Lieberfarb Los Angeles, CA 90049	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Warner Home Video President	\$100.00	\$100.00	
8/26/2003	Cynthia Lilligren Turlock, CA 95380	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A Homemaker	\$100.00	\$100.00	
9/9/2003	Linda J Loe Studio City, CA 91604	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Linda J Loe Communications Consultant	\$100.00	\$100.00	
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
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8/27/2003	Eileen Logan Moorpark, CA 93021	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Amgen Administrator	\$100.00	\$100.00	
8/25/2003	Helen Louie San Francisco, CA 94109	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Helen Louie Stylist	\$100.00	\$100.00	
9/9/2003	Robin W Ludmer Orinda, CA 94563	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Piedmont School Teacher	\$100.00	\$100.00	
9/9/2003	Barbara M. Lyons Thousand Palms, CA 92276	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Barbara M. Lyons Realty Management	\$100.00	\$100.00	
9/9/2003	Lexa M Mack Sunnyvale, CA 94089	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Cogmate Clinical Research Asst	\$100.00	\$100.00	

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
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9/3/2003	Charlotte Marchetti Santa Rosa, CA 95401	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	County Of Sonoma Account Clerk	\$20.00	\$120.00	
9/3/2003	Janina E Marcus Pacifica, CA 94044	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A Retired	\$100.00	\$100.00	
8/26/2003	Mariah Marmor Los Angeles, CA 90066	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Mariah Marmor Actress	\$100.00	\$100.00	
8/25/2003	R M Mc Clung Ridgecrest, CA 93555	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A Retired	\$100.00	\$100.00	
8/28/2003	Carol M Mc Enerney Lafayette, CA 94549	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Carol M Mc Enerney Bookkeeper	\$100.00	\$100.00	

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SCHEDULE A (CONT.)

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9/3/2003	Steven Mcadam Alameda, CA 94501	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	State Of California Executive	\$100.00	\$100.00	
9/3/2003	Nan Tucker Mcevoy San Francisco, CA 94111	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Nan Tucker Mcevoy Olive Oil Mfg.	\$100.00	\$100.00	
9/3/2003	Betty D. Meador Romona, CA 92065	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Betty D. Meador Psychotherapist	\$100.00	\$100.00	
9/3/2003	Jeannette Y Merrilees Laguna Beach, CA 92651	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A Retired	\$100.00	\$100.00	
8/25/2003	Mark Mervich Redwood City, CA 94061	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A Retired	\$100.00	\$100.00	

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Statement covers period from <u>08/24/2003</u>		CALIFORNIA FORM 460
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9/3/2003	Barbara Meyer San Rafael, CA 94901	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A Retired	\$100.00	\$100.00	
9/9/2003	Loren Miller Los Angeles, CA 90036	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A Retired	\$100.00	\$100.00	
9/17/2003	DEBBIE MILLS MILL VALLEY, CA 94941	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Information Requested Information Requested	\$100.00	\$100.00	
9/18/2003	Caryl S. Mindlin Sherman Oaks, CA 91403	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	United Airlines Sales Rep	\$500.00	\$500.00	
9/9/2003	Douglas Mitten Sacramento, CA 95842	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CCPOA Field Rep.	\$100.00	\$100.00	
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9/3/2003	Betty A Moffett Berkeley, CA 94707	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A Retired	\$200.00	\$200.00	
8/28/2003	Rachel Moffett Hathaway Pines, CA 95233	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A Retired	\$100.00	\$100.00	
9/9/2003	Max Monkarsh Venice, CA 90294	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A Retired	\$100.00	\$100.00	
8/26/2003	Stanley Moore Los Angeles, CA 90042	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Pepperdine University Professor	\$100.00	\$100.00	
8/29/2003	Doris M. Morell Juno Beach, FL 33408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A Retired	\$2,000.00	\$3,000.00	

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	08/24/2003	
through	09/20/2003	Page 35 of 155
NAME OF FILER The Governor Gray Davis Committee		I.D. Number 962636

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/28/2003	JERROLD MORRIS VENTURA, CA 93003	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Conejo Valley Unified School District Teacher	\$100.00	\$100.00	
9/3/2003	Henny Naumann-Cain Calabasas, CA 91302	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Information Requested Information Requested	\$150.00	\$150.00	
9/17/2003	Jerolyn Navarro San Mateo, CA 94402	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	UCSF Physician	\$100.00	\$100.00	
9/10/2003	Mark A. Nelson Camarillo, CA 93010	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Schroeder Comis Nelson & Kahn Attorney	\$100.00	\$100.00	
8/28/2003	Lisa G. Newbold Santa Rosa, CA 95404	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Lisa G. Newbold Consultant	\$110.00	\$110.00	

SUBTOTAL

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER

The Governor Gray Davis Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/3/2003	ROBERT NEWMAN CULVER CITY, CA 90232	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Western Center on Law & Poverty Attorney	\$100.00	\$100.00	
9/9/2003	Flora Olsen La Jolla, CA 92037	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Information Requested Information Requested	\$100.00	\$100.00	
9/17/2003	SUSAN OPP CASTRO VALLEY, CA 94546	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Information Requested Information Requested	\$100.00	\$100.00	
8/28/2003	Christopher Orlie Mill Valley, CA 94941	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Hayes Orlie Cundall, Inc. CEO	\$100.00	\$200.00	
8/25/2003	Christopher Orlie Mill Valley, CA 94941	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Hayes Orlie Cundall, Inc. CEO	\$100.00	\$200.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
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9/17/2003	Pala Band Of Mission Indians Pala, CA 92059	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$25,000.00	\$25,000.00	
9/17/2003	Gurnam Pannu Palmdale, CA 93551	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Gurnam Pannu Physician	\$100.00	\$100.00	
9/9/2003	Timothy Patterson Del Mar, CA 92014	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney General's Ofc Legal Staffer	\$100.00	\$100.00	
9/9/2003	Randolf Pearson Brentwood, CA 94513	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Information Requested Information Requested	\$100.00	\$100.00	
9/9/2003	Chin-Tzu Peng Mill Valley, CA 94941	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A Retired	\$100.00	\$100.00	

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>08/24/2003</u>		CALIFORNIA FORM 460
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NAME OF FILER
The Governor Gray Davis Committee

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9/9/2003	R. Edward Pfister Los Angeles, CA 90065	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	R. Edward Pfister Attorney	\$100.00	\$100.00	
9/9/2003	Helene S Pierson Pacific Palisades, CA 90272	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A Unemployed	\$100.00	\$100.00	
8/25/2003	Mary Pinckert Rohnert Park, CA 94928	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Information Requested Information Requested	\$100.00	\$100.00	
9/9/2003	Bruce J Poch Claremont, CA 91711	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Information Requested Information Requested	\$100.00	\$100.00	
9/3/2003	Jerry L Pollak Sherman Oaks, CA 91401	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A Retired	\$100.00	\$100.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/26/2003	Darren A Presher San Francisco, CA 94118	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Dalagnes CPA	\$100.00	\$100.00	
9/3/2003	Janet Proffer Oak Park, CA 91377	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Information Requested Information Requested	\$100.00	\$100.00	
9/3/2003	ROBERT RADER Mountain View, CA 94040	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Veritas Software Software Engineer	\$100.00	\$100.00	
9/17/2003	Elva Raish Visalia, CA 93277	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	State Of CA Program Manager	\$100.00	\$100.00	
9/9/2003	Gus A. Raney Belvedere, CA 94920	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A Retired	\$200.00	\$200.00	

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
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8/25/2003	Irvin E Rautenberg Berkeley, CA 94707	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A Retired	\$100.00	\$100.00	
8/28/2003	Kurt Reichert San Diego, CA 92116	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A Retired	\$100.00	\$100.00	
8/29/2003	Henry Reynolds Santa Monica, CA 90403	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Henry Reynolds Attorney	\$100.00	\$100.00	
8/28/2003	KENNETH RICHARD WALNUT CREEK, CA 94598	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	1-800-BAR-NONE Medical Director	\$100.00	\$125.00	
8/25/2003	KENNETH RICHARD WALNUT CREEK, CA 94598	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	1-800-BAR-NONE Medical Director	\$25.00	\$125.00	

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from 08/24/2003 through 09/20/2003		CALIFORNIA FORM 460 Page 41 of 155
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NAME OF FILER

The Governor Gray Davis Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/3/2003	Della Richardson Stockton, CA 95210	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Univ. Of The Pacific Counselor	\$100.00	\$100.00	
9/3/2003	Amy M Risch San Francisco, CA 94110	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A Not Employed	\$100.00	\$100.00	
8/28/2003	Steve S. Roisman Los Angeles, CA 90048-2104	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Information Requested Information Requested	\$100.00	\$100.00	
9/3/2003	Suellen S Rubin Carmel, CA 93923	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Central Coast Psychological Services Psychologist	\$100.00	\$100.00	
8/28/2003	Lynda D. Rubins Napa, CA 94558	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Napa Co. Mental Health Therapist	\$100.00	\$100.00	
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SCHEDULE A (CONT.)

Statement covers period from 08/24/2003 through 09/20/2003		CALIFORNIA FORM 460 Page 42 of 155
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9/17/2003	Rumsey Rancheria PAC Sacramento, CA 95814 Committee ID: 962965	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$25,000.00	\$25,000.00	
8/26/2003	Robert Sadler San Carlos, CA 94070	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Information Requested Information Requested	\$100.00	\$100.00	
9/17/2003	Dorothy C Sanborn Auburn, CA 95603	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A Retired	\$100.00	\$100.00	
9/2/2003	Jay Sandrich Beverly Hills, CA 90210	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Jay Sandrich TV Director	\$2,500.00	\$2,500.00	
9/9/2003	JACQUIE SCHAAF MODESTO, CA 95355	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Information Requested Information Requested	\$100.00	\$100.00	
SUBTOTAL						

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
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9/3/2003	Jeanne M Schapp Woodside, CA 94062	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A Retired	\$100.00	\$100.00	
9/3/2003	Guy Schick Fullerton, CA 92831	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A Retired	\$100.00	\$100.00	
9/19/2003	Elaine Schimmel San Rafael, CA 94901	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A Retired	\$100.00	\$100.00	
9/17/2003	Stephen Schleimer SAN JOSE, CA 95129	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CISCO Computer Tech	\$100.00	\$100.00	
8/28/2003	Dagmar A Serota Oakland, CA 94611	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A Homemaker	\$100.00	\$100.00	
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Statement covers period		CALIFORNIA FORM 460
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8/26/2003	Katherine M Setar Fremont, CA 94555	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Chabot College Teacher	\$100.00	\$100.00	
9/15/2003	Myung Soo Seuck Los Angeles, CA 90036	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	LA City Council District 10 Regional Org. Director	\$100.00	\$100.00	
8/26/2003	Norma A Shade San Jose, CA 95121	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Norma A Shade Accountant	\$100.00	\$100.00	
8/27/2003	Judy Sher Santa Monica, CA 90405	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A Homemaker	\$100.00	\$100.00	
9/3/2003	Kay Shiroma Stockton, CA 95204	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A Retired	\$100.00	\$100.00	

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
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9/17/2003	Kayleen N Shorago Mountain View, CA 94043	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A Retired	\$100.00	\$100.00	
9/9/2003	DENNIS SIMMONS SAN RAFAEL, CA 94901	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Dennis Simmons Attorney	\$100.00	\$100.00	
9/3/2003	Rorie Skei Thousand Oaks, CA 91320	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	State Of CA Conservationist	\$250.00	\$250.00	
9/3/2003	Charles Slayman San Jose, CA 95138	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Information Requested Information Requested	\$100.00	\$100.00	
9/9/2003	Barbara A Smith Los Angeles, CA 90008	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	LA Unified School Dist. Administrator	\$150.00	\$150.00	

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SCHEDULE A (CONT.)

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8/26/2003	Tina Smith San Francisco, CA 94117	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A Retired	\$100.00	\$100.00	
9/17/2003	Ruth Speraw Pasadena, CA 91107	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A Retired	\$100.00	\$100.00	
8/26/2003	SHEILA SPIRO PASADENA, CA 91104	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Ancient Biblical MS Ctr. Consultant	\$100.00	\$100.00	
9/9/2003	Jacqueline Stansbur Santa Monica, CA 90405	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A Retired	\$100.00	\$100.00	
9/17/2003	Michael Steinberg San Francisco, CA 94115	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Macy's West Chairman	\$100.00	\$100.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	08/24/2003	
through	09/20/2003	Page 47 of 155
NAME OF FILER The Governor Gray Davis Committee		I.D. Number 962636

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/3/2003	BUNNY STIVERS LOS ANGELES, CA 90069	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A Homemaker	\$50.00	\$100.00	
9/9/2003	BUNNY STIVERS LOS ANGELES, CA 90069	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A Homemaker	\$50.00	\$100.00	
9/9/2003	Joan Stone Sacramento, CA 95818	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sacramento Co. Superior Court Attorney	\$200.00	\$200.00	
8/28/2003	Helen Strohbehn San Jose, CA 95130	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A Retired	\$100.00	\$200.00	
8/29/2003	Kristina Tackett Santee, CA 92071	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Kristina Tackett	\$100.00	\$100.00	

SUBTOTAL

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IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	08/24/2003	
through	09/20/2003	Page 48 of 155
NAME OF FILER The Governor Gray Davis Committee		I.D. Number 962636

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/17/2003	Chere Talbert Los Angeles, CA 90008	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A Retired	\$100.00	\$100.00	
9/9/2003	Delia Taylor Berkeley, CA 94707	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A Unemployed	\$100.00	\$100.00	
9/17/2003	Kathryn Thornton San Diego, CA 92117	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A Retired	\$100.00	\$100.00	
9/3/2003	Lois M. Tow San Francisco, CA 94127	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A Homemaker	\$100.00	\$100.00	
8/29/2003	Stanley M. Toy Jr. La Verne, CA 91750	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Cal Western Emergency Med Group Medical Director	\$2,500.00	\$7,650.00	

SUBTOTAL

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	08/24/2003	
through	09/20/2003	Page 49 of 155
NAME OF FILER The Governor Gray Davis Committee		I.D. Number 962636

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/26/2003	Deborah Udin San Francisco, CA 94114	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ZEPLYN REAL ESTATE SALES MANAGER	\$100.00	\$100.00	
8/27/2003	Melody Lyn Umstead Vista, CA 92083	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	County Of San Diego D.A. Secretary	\$100.00	\$100.00	
9/17/2003	United Auburn Indian Community (Auburn Rancheria) Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$25,000.00	\$25,000.00	
9/4/2003	United Domestic Workers of America San Diego, CA 92102 Committee ID: 830462	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$15,000.00	\$15,000.00	
8/26/2003	Inese Verzemnieks Santa Monica, CA 90405	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	UCLA Registered Nurse	\$100.00	\$100.00	

SUBTOTAL

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	08/24/2003	
through	09/20/2003	Page 50 of 155
NAME OF FILER The Governor Gray Davis Committee		I.D. Number 962636

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/3/2003	Elisabeth Vektorino Cazadero, CA 95421	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Elisabeth Vektorino Retail Sales	\$100.00	\$100.00	
9/3/2003	Peter Vigil Duarte, CA 91010	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Peter Vigil Appliance Repairman	\$100.00	\$100.00	
9/9/2003	THOMAS VOURNAS ALTADENA, CA 91001	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Information Requested Information Requested	\$100.00	\$100.00	
8/25/2003	Michael Wald San Francisco, CA 94117	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Information Requested Information Requested	\$100.00	\$100.00	
9/17/2003	Peter Waller Palo Alto, CA 94306	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Peter Waller Film Producer	\$100.00	\$100.00	

SUBTOTAL

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	08/24/2003	
through	09/20/2003	Page 51 of 155

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NAME OF FILER

The Governor Gray Davis Committee

I.D. Number
962636

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/9/2003	Mimi Tsai Wang San Marino, CA 91108	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A Homemaker	\$50,000.00	\$50,000.00	
8/25/2003	ELEANOR WASSON SANTA CRUZ, CA 95060	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A Retired	\$100.00	\$100.00	
9/3/2003	Rena A Weed Fremont, CA 94536	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	New Haven School Dist. Teacher	\$100.00	\$100.00	
8/26/2003	Gary Wexler Manhattan Beach, CA 90266	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A Retired	\$100.00	\$100.00	
9/17/2003	Carolyn Wightman Pasadena, CA 91106	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Information Requested Information Requested	\$100.00	\$100.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>08/24/2003</u>		CALIFORNIA FORM 460
through <u>09/20/2003</u>		
		Page <u>52</u> of <u>155</u>
NAME OF FILER The Governor Gray Davis Committee		I.D. Number 962636

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/25/2003	Kenneth L Wuertz Torrance, CA 90504	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A Retired	\$100.00	\$100.00	
9/9/2003	Laleh Zelinsky San Francisco, CA 94115	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Laleh Zelinsky Interior Design	\$100.00	\$100.00	
9/17/2003	Ruth Ziegler Los Angeles, CA 90049	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A Retired	\$100.00	\$100.00	
9/9/2003	Serge Zimmeroff Santa Rosa, CA 95401	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Santa Rosa Tropicals Nurseryman	\$100.00	\$100.00	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL				\$302,180.00		

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IND - Individual
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(other than PTY or SCC)
OTH - Other
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SCC - Small Contributor Committee

Schedule B – Part 1 Loans Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE B - PART 1

Statement covers period
from 08/24/2003
through 09/20/2003

CALIFORNIA
FORM **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
The Governor Gray Davis Committee

I.D. NUMBER
962636

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN		 RATE % 		CALENDAR YEAR PER ELECTION**
					DATE DUE		DATE INCURRED	
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN		 RATE % 		CALENDAR YEAR PER ELECTION**
					DATE DUE		DATE INCURRED	
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN		 RATE % 		CALENDAR YEAR PER ELECTION**
					DATE DUE		DATE INCURRED	

SUBTOTALS

Schedule B Summary

1. Loans received this period. _____

(Total Column (b) plus unitemized loans less than \$100.)

2. Loans paid or forgiven this period _____

(Total Column (c) plus loans under \$100 paid or forgiven.)

(Include loans paid by a third party that are also itemized on Schedule A.)

3. Net change this period. (Subtract Line 2 from Line 1.) _____ **Net** _____

Enter the net here and on the Summary Page, Column A, Line 2.

(may be a negative number)

(Enter (e) on
Schedule E, Line 3)

* Amounts forgiven or paid by
another party also must be
reported on Schedule A.

** If required.

*Contributor Codes

IND-Individual COM-Recipient Committee (other than PTY or SCC) OTH-Other PTY-Political Party SCC-Small Contributor Committee

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule B - Part 2
Loan Guarantors

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE B - PART 2

Statement covers period from 08/24/2003 through 09/20/2003	CALIFORNIA FORM 460
	Page 54 of 155
I.D. Number 962636	

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
The Governor Gray Davis Committee

FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LOAN	AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER DATE		CALENDAR YEAR PER ELECTION (IF REQUIRED)	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER DATE		CALENDAR YEAR PER ELECTION (IF REQUIRED)	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER DATE		CALENDAR YEAR PER ELECTION (IF REQUIRED)	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER DATE		CALENDAR YEAR PER ELECTION (IF REQUIRED)	
SUBTOTAL					Enter on Summary Page, Line 17 only.	

Schedule C

Nonmonetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE C

Statement covers period from 08/24/2003 through 09/20/2003	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
The Governor Gray Davis Committee

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
9/20/2003 - 9/20/2003	Zenith Insurance Agency Woodland Hills, CA 91367	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Travel Expense	\$1,635.00	\$101,635.00	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$1,635.00

Schedule C Summary

- Amount received this period - nonmonetary contributions of \$100 or more.
(Include all Schedule C subtotals.)..... \$1,635.00
- Amount received this period - unitemized nonmonetary contributions of less than \$100 \$0.00
- Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) **TOTAL** \$1,635.00

*Contributor Codes
IND - Individual
COM- Recipient Committee
(other than PTY or SCC)
OTH - Other
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SCC - Small Contributor Committee

Schedule D

Summary of Expenditures

Supporting/Opposing Other

Candidates, Measures and Committees

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D

Statement covers period

from 08/24/2003

through 09/20/2003

CALIFORNIA
FORM **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

The Governor Gray Davis Committee

I.D. NUMBER

962636

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/28/2003	CA Against the Costly Recall of the Governor	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$167.55	\$498,613.01	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					
8/28/2003	CA Against the Costly Recall of the Governor	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$149.95	\$498,613.01	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					
8/28/2003	CA Against the Costly Recall of the Governor	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$3.58	\$498,613.01	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					

SUBTOTAL

Schedule D Summary

- Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.) \$408,853.56
- Unitemized contributions and independent expenditures made this period of under \$100 \$0.00
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) **TOTAL** \$408,853.56

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

**Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 08/24/2003

through 09/20/2003

CALIFORNIA
FORM 460

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NAME OF FILER
The Governor Gray Davis Committee

I.D. NUMBER
962636

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/28/2003	CA Against the Costly Recall of the Governor	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		\$3,407.25	\$498,613.01	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					
8/28/2003	CA Against the Costly Recall of the Governor	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$3,413.22	\$498,613.01	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					
8/28/2003	CA Against the Costly Recall of the Governor	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$542.87	\$498,613.01	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					
8/28/2003	CA Against the Costly Recall of the Governor	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$243.61	\$498,613.01	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					

SUBTOTAL

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
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SCHEDULE D (CONT.)

Statement covers period

from 08/24/2003

through 09/20/2003

CALIFORNIA
FORM **460**

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NAME OF FILER
The Governor Gray Davis Committee

I.D. NUMBER
962636

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/28/2003	CA Against the Costly Recall of the Governor	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		\$303.10	\$498,613.01	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					
8/28/2003	CA Against the Costly Recall of the Governor	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$154.00	\$498,613.01	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					
8/28/2003	CA Against the Costly Recall of the Governor	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$737.52	\$498,613.01	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					
8/28/2003	CA Against the Costly Recall of the Governor	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$64.93	\$498,613.01	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					

SUBTOTAL

**Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 08/24/2003

through 09/20/2003

CALIFORNIA
FORM 460

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NAME OF FILER
The Governor Gray Davis Committee

I.D. NUMBER
962636

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/28/2003	CA Against the Costly Recall of the Governor	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		\$65.00	\$498,613.01	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					
8/28/2003	CA Against the Costly Recall of the Governor	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$170.46	\$498,613.01	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					
8/28/2003	CA Against the Costly Recall of the Governor	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$4,000.00	\$498,613.01	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					
8/28/2003	CA Against the Costly Recall of the Governor	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$15,000.00	\$498,613.01	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					

SUBTOTAL

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 08/24/2003

through 09/20/2003

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NAME OF FILER
 The Governor Gray Davis Committee

I.D. NUMBER
 962636

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/29/2003	CA Against the Costly Recall of the Governor	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		\$2,496.81	\$498,613.01	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					
8/29/2003	CA Against the Costly Recall of the Governor	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$2,143.09	\$498,613.01	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					
8/29/2003	CA Against the Costly Recall of the Governor	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$15,807.14	\$498,613.01	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					
8/28/2003	CA Against the Costly Recall of the Governor	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$39.00	\$498,613.01	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					

SUBTOTAL

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

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NAME OF FILER
The Governor Gray Davis Committee

I.D. NUMBER
962636

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/28/2003	CA Against the Costly Recall of the Governor	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		\$10.00	\$498,613.01	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					
8/29/2003	CA Against the Costly Recall of the Governor	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$3,126.98	\$498,613.01	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					
8/29/2003	CA Against the Costly Recall of the Governor	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$5,000.00	\$498,613.01	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					
8/29/2003	CA Against the Costly Recall of the Governor	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$12,000.00	\$498,613.01	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					

SUBTOTAL

**Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

Type or print in ink.
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to whole dollars.

SCHEDULE D (CONT.)

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NAME OF FILER
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I.D. NUMBER
962636

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/29/2003	CA Against the Costly Recall of the Governor	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		\$3,250.00	\$498,613.01	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					
8/28/2003	CA Against the Costly Recall of the Governor	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$300.00	\$498,613.01	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					
8/28/2003	CA Against the Costly Recall of the Governor	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$295.00	\$498,613.01	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					
8/28/2003	CA Against the Costly Recall of the Governor	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$295.00	\$498,613.01	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					
SUBTOTAL						

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

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NAME OF FILER
The Governor Gray Davis Committee

I.D. NUMBER
962636

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/28/2003	CA Against the Costly Recall of the Governor	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		\$967.44	\$498,613.01	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					
8/28/2003	CA Against the Costly Recall of the Governor	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$110.93	\$498,613.01	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					
8/28/2003	CA Against the Costly Recall of the Governor	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$107.77	\$498,613.01	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					
8/28/2003	CA Against the Costly Recall of the Governor	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$62.36	\$498,613.01	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					

SUBTOTAL

**Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 08/24/2003

through 09/20/2003

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NAME OF FILER
The Governor Gray Davis Committee

I.D. NUMBER
962636

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/29/2003	CA Against the Costly Recall of the Governor	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		\$10,400.00	\$498,613.01	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					
8/28/2003	CA Against the Costly Recall of the Governor	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$41.00	\$498,613.01	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					
8/28/2003	CA Against the Costly Recall of the Governor	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$41.00	\$498,613.01	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					
8/28/2003	CA Against the Costly Recall of the Governor	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$6,487.60	\$498,613.01	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					

SUBTOTAL

**Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 08/24/2003

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NAME OF FILER
The Governor Gray Davis Committee

I.D. NUMBER
962636

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/28/2003	CA Against the Costly Recall of the Governor	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		\$25,000.00	\$498,613.01	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					
8/28/2003	CA Against the Costly Recall of the Governor	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$31.49	\$498,613.01	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					
8/28/2003	CA Against the Costly Recall of the Governor	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$409.21	\$498,613.01	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					
8/28/2003	CA Against the Costly Recall of the Governor	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$2,800.61	\$498,613.01	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					

SUBTOTAL

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 08/24/2003

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NAME OF FILER
The Governor Gray Davis Committee

I.D. NUMBER
962636

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/29/2003	CA Against the Costly Recall of the Governor	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		\$1,448.14	\$498,613.01	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					
8/28/2003	CA Against the Costly Recall of the Governor	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$43.25	\$498,613.01	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					
8/29/2003	CA Against the Costly Recall of the Governor	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$13,000.00	\$498,613.01	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					
8/28/2003	CA Against the Costly Recall of the Governor	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$75.20	\$498,613.01	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					

SUBTOTAL

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

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NAME OF FILER
 The Governor Gray Davis Committee

I.D. NUMBER
 962636

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/29/2003	CA Against the Costly Recall of the Governor	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		\$2,301.23	\$498,613.01	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					
8/28/2003	CA Against the Costly Recall of the Governor	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$215.56	\$498,613.01	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					
8/28/2003	CA Against the Costly Recall of the Governor	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$148.24	\$498,613.01	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					
8/28/2003	CA Against the Costly Recall of the Governor	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$700.00	\$498,613.01	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					

SUBTOTAL

**Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 08/24/2003

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NAME OF FILER
The Governor Gray Davis Committee

I.D. NUMBER
962636

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/28/2003	CA Against the Costly Recall of the Governor	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		\$117.00	\$498,613.01	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					
9/17/2003	CA Against the Costly Recall of the Governor	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$425.44	\$498,613.01	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					
9/17/2003	CA Against the Costly Recall of the Governor	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$23.18	\$498,613.01	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					
9/17/2003	CA Against the Costly Recall of the Governor	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$119.80	\$498,613.01	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					

SUBTOTAL

**Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

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NAME OF FILER
The Governor Gray Davis Committee

I.D. NUMBER
962636

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/8/2003	CA Against the Costly Recall of the Governor	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		\$5.00	\$498,613.01	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					
9/8/2003	CA Against the Costly Recall of the Governor	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$19.00	\$498,613.01	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					
9/8/2003	CA Against the Costly Recall of the Governor	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$5.00	\$498,613.01	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					
9/8/2003	CA Against the Costly Recall of the Governor	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$34.48	\$498,613.01	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					
SUBTOTAL						

**Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

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NAME OF FILER
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962636

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/8/2003	CA Against the Costly Recall of the Governor	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		\$11.25	\$498,613.01	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					
9/8/2003	CA Against the Costly Recall of the Governor	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$500.00	\$498,613.01	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					
9/17/2003	CA Against the Costly Recall of the Governor	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$167.55	\$498,613.01	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					
9/8/2003	CA Against the Costly Recall of the Governor	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$225.00	\$498,613.01	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					

SUBTOTAL

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
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SCHEDULE D (CONT.)

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 962636

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/8/2003	CA Against the Costly Recall of the Governor	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		\$425.00	\$498,613.01	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					
9/17/2003	CA Against the Costly Recall of the Governor	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$3,774.00	\$498,613.01	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					
9/18/2003	CA Against the Costly Recall of the Governor	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$2,490.00	\$498,613.01	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					
9/18/2003	CA Against the Costly Recall of the Governor	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$4,700.00	\$498,613.01	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					

SUBTOTAL

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

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NAME OF FILER
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I.D. NUMBER
 962636

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/8/2003	CA Against the Costly Recall of the Governor	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		\$252.80	\$498,613.01	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					
9/17/2003	CA Against the Costly Recall of the Governor	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$176.78	\$498,613.01	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					
9/17/2003	CA Against the Costly Recall of the Governor	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$308.69	\$498,613.01	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					
9/17/2003	CA Against the Costly Recall of the Governor	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$1,945.32	\$498,613.01	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					
SUBTOTAL						

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 08/24/2003

through 09/20/2003

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NAME OF FILER
 The Governor Gray Davis Committee

I.D. NUMBER
 962636

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/10/2003	CA Against the Costly Recall of the Governor	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		\$518.90	\$498,613.01	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					
9/10/2003	CA Against the Costly Recall of the Governor	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$2,124.80	\$498,613.01	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					
9/4/2003	CA Against the Costly Recall of the Governor	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$4,925.00	\$498,613.01	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					
9/12/2003		<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$4,925.00	\$0.00	
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
SUBTOTAL						

**Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

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through 09/20/2003

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NAME OF FILER
The Governor Gray Davis Committee

I.D. NUMBER
962636

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/17/2003	CA Against the Costly Recall of the Governor	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		\$425.00	\$498,613.01	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					
9/10/2003	CA Against the Costly Recall of the Governor	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$351.81	\$498,613.01	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					
9/10/2003	CA Against the Costly Recall of the Governor	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$435.67	\$498,613.01	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					
9/5/2003	CA Against the Costly Recall of the Governor	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$976.76	\$498,613.01	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					

SUBTOTAL

**Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

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NAME OF FILER
The Governor Gray Davis Committee

I.D. NUMBER
962636

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/10/2003	CA Against the Costly Recall of the Governor	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		\$4,269.60	\$498,613.01	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					
9/5/2003	CA Against the Costly Recall of the Governor	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$2,024.40	\$498,613.01	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					
9/5/2003	CA Against the Costly Recall of the Governor	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$500.00	\$498,613.01	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					
9/8/2003	CA Against the Costly Recall of the Governor	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$2,800.00	\$498,613.01	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					

SUBTOTAL

**Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

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NAME OF FILER
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I.D. NUMBER
962636

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/18/2003	CA Against the Costly Recall of the Governor	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		\$234.56	\$498,613.01	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					
9/18/2003	CA Against the Costly Recall of the Governor	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$4,000.00	\$498,613.01	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					
9/5/2003	CA Against the Costly Recall of the Governor	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$401.15	\$498,613.01	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					
9/5/2003	CA Against the Costly Recall of the Governor	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$21,810.29	\$498,613.01	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					

SUBTOTAL

**Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

Type or print in ink.
Amounts may be rounded
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SCHEDULE D (CONT.)

Statement covers period

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NAME OF FILER
The Governor Gray Davis Committee

I.D. NUMBER
962636

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/5/2003	CA Against the Costly Recall of the Governor	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		\$132.82	\$498,613.01	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					
9/5/2003	CA Against the Costly Recall of the Governor	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$8,512.55	\$498,613.01	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					
9/18/2003	CA Against the Costly Recall of the Governor	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$831.90	\$498,613.01	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					
9/10/2003	CA Against the Costly Recall of the Governor	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$2,793.13	\$498,613.01	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					
SUBTOTAL						

**Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 08/24/2003

through 09/20/2003

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NAME OF FILER
The Governor Gray Davis Committee

I.D. NUMBER
962636

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/17/2003	CA Against the Costly Recall of the Governor	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		\$1,317.87	\$498,613.01	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					
9/15/2003	CA Against the Costly Recall of the Governor	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$2,581.94	\$498,613.01	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					
9/17/2003	CA Against the Costly Recall of the Governor	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$350.00	\$498,613.01	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					
9/10/2003	CA Against the Costly Recall of the Governor	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$950.00	\$498,613.01	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					

SUBTOTAL

**Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

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NAME OF FILER
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I.D. NUMBER
962636

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/15/2003	CA Against the Costly Recall of the Governor	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		\$3,057.47	\$498,613.01	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					
9/4/2003	CA Against the Costly Recall of the Governor	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$1,580.00	\$498,613.01	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					
9/17/2003	CA Against the Costly Recall of the Governor	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$1,071.70	\$498,613.01	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					
9/8/2003	CA Against the Costly Recall of the Governor	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$2,650.79	\$498,613.01	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					

SUBTOTAL

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

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NAME OF FILER
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I.D. NUMBER
 962636

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/18/2003	CA Against the Costly Recall of the Governor	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		\$238.15	\$498,613.01	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					
9/15/2003	CA Against the Costly Recall of the Governor	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$16,267.02	\$498,613.01	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					
9/17/2003	CA Against the Costly Recall of the Governor	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$155.99	\$498,613.01	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					
9/15/2003	CA Against the Costly Recall of the Governor	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$3,126.98	\$498,613.01	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					

SUBTOTAL

**Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

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NAME OF FILER
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I.D. NUMBER
962636

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/17/2003	CA Against the Costly Recall of the Governor	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		\$200.00	\$498,613.01	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					
9/12/2003	CA Against the Costly Recall of the Governor	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$3,250.00	\$498,613.01	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					
9/17/2003	CA Against the Costly Recall of the Governor	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$300.00	\$498,613.01	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					
9/17/2003	CA Against the Costly Recall of the Governor	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$544.15	\$498,613.01	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					
SUBTOTAL						

**Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

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NAME OF FILER
The Governor Gray Davis Committee

I.D. NUMBER
962636

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/17/2003	CA Against the Costly Recall of the Governor	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		\$1,372.00	\$498,613.01	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					
9/17/2003	CA Against the Costly Recall of the Governor	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$716.18	\$498,613.01	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					
9/17/2003	CA Against the Costly Recall of the Governor	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$20.74	\$498,613.01	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					
9/17/2003	CA Against the Costly Recall of the Governor	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$418.82	\$498,613.01	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					
SUBTOTAL						

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

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NAME OF FILER
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 962636

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/8/2003	CA Against the Costly Recall of the Governor	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		\$18.27	\$498,613.01	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					
9/18/2003	CA Against the Costly Recall of the Governor	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$12,198.15	\$498,613.01	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					
9/8/2003	CA Against the Costly Recall of the Governor	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$828.00	\$498,613.01	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					
9/18/2003	CA Against the Costly Recall of the Governor	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$12,104.03	\$498,613.01	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					
SUBTOTAL						

**Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

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DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/8/2003	CA Against the Costly Recall of the Governor	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		\$82.00	\$498,613.01	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					
9/17/2003	CA Against the Costly Recall of the Governor	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$755.00	\$498,613.01	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					
9/5/2003	CA Against the Costly Recall of the Governor	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$2,400.00	\$498,613.01	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					
9/8/2003	CA Against the Costly Recall of the Governor	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$575.00	\$498,613.01	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					
SUBTOTAL						

**Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

Type or print in ink.
Amounts may be rounded
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SCHEDULE D (CONT.)

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DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/8/2003	CA Against the Costly Recall of the Governor	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		\$365.38	\$498,613.01	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					
9/8/2003	CA Against the Costly Recall of the Governor	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$6,157.50	\$498,613.01	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					
9/10/2003	CA Against the Costly Recall of the Governor	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$256.34	\$498,613.01	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					
9/17/2003	CA Against the Costly Recall of the Governor	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$448.42	\$498,613.01	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					

SUBTOTAL

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
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SCHEDULE D (CONT.)

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DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/8/2003	CA Against the Costly Recall of the Governor	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		\$130.92	\$498,613.01	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					
9/8/2003	CA Against the Costly Recall of the Governor	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$2,200.00	\$498,613.01	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					
9/17/2003	CA Against the Costly Recall of the Governor	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$689.64	\$498,613.01	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					
9/15/2003	CA Against the Costly Recall of the Governor	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$1,448.14	\$498,613.01	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					
SUBTOTAL						

**Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 08/24/2003

through 09/20/2003

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NAME OF FILER
The Governor Gray Davis Committee

I.D. NUMBER
962636

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/17/2003	CA Against the Costly Recall of the Governor	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		\$38.60	\$498,613.01	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					
9/17/2003	CA Against the Costly Recall of the Governor	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$17.00	\$498,613.01	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					
9/8/2003	CA Against the Costly Recall of the Governor	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$7.00	\$498,613.01	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					
9/8/2003	CA Against the Costly Recall of the Governor	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$116.84	\$498,613.01	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					

SUBTOTAL

**Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

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to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

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through 09/20/2003

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NAME OF FILER
The Governor Gray Davis Committee

I.D. NUMBER
962636

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/15/2003	CA Against the Costly Recall of the Governor	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		\$2,301.23	\$498,613.01	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					
9/18/2003	CA Against the Costly Recall of the Governor	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$147.69	\$498,613.01	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					
9/8/2003	CA Against the Costly Recall of the Governor	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$80.02	\$498,613.01	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					
9/17/2003	CA Against the Costly Recall of the Governor	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$121.71	\$498,613.01	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					
SUBTOTAL						

**Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

Type or print in ink.
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to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

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through 09/20/2003

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NAME OF FILER
The Governor Gray Davis Committee

I.D. NUMBER
962636

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/17/2003	CA Against the Costly Recall of the Governor	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		\$217.71	\$498,613.01	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					
9/5/2003	CA Against the Costly Recall of the Governor	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$1,950.00	\$498,613.01	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					
9/17/2003	CA Against the Costly Recall of the Governor	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$2,542.25	\$498,613.01	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					
9/10/2003	CA Against the Costly Recall of the Governor	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$2,969.22	\$498,613.01	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					

SUBTOTAL

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
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SCHEDULE D (CONT.)

Statement covers period

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NAME OF FILER
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I.D. NUMBER
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DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/8/2003	CA Against the Costly Recall of the Governor	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		\$51.62	\$498,613.01	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					
9/8/2003	CA Against the Costly Recall of the Governor	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$131.52	\$498,613.01	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					
9/17/2003	CA Against the Costly Recall of the Governor	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$339.38	\$498,613.01	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					
9/8/2003	CA Against the Costly Recall of the Governor	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$54,947.00	\$498,613.01	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					

SUBTOTAL

**Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

Type or print in ink.
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to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

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NAME OF FILER
The Governor Gray Davis Committee

I.D. NUMBER
962636

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/17/2003	CA Against the Costly Recall of the Governor	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		\$140.43	\$498,613.01	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					
9/18/2003	CA Against the Costly Recall of the Governor	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$382.14	\$498,613.01	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					
9/18/2003	CA Against the Costly Recall of the Governor	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$129.39	\$498,613.01	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					
9/10/2003	CA Against the Costly Recall of the Governor	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$10,000.00	\$498,613.01	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					
SUBTOTAL						

**Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 08/24/2003

through 09/20/2003

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FORM 460**

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NAME OF FILER
The Governor Gray Davis Committee

I.D. NUMBER
962636

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/28/2003	CA Against the Costly Recall of the Governor	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		\$35,000.00	\$498,613.01	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					
8/28/2003	CA Against the Costly Recall of the Governor	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$100.50	\$498,613.01	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
SUBTOTAL				\$408,853.56		

Schedule E Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
The Governor Gray Davis Committee

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Adelphia City Of Industry, CA 91745	CTB		Office Expenses	\$167.55
Alexis Harrington Los Angeles, CA 90007	SAL			\$216.91
American Express Los Angeles, CA 90069	TRC			\$1,754.48

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$509,100.15
2. Unitemized payments made this period of under \$100.	\$207.18
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$0.00
4. Total payments made this period. (Add lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$509,307.33

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
The Governor Gray Davis Committee

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CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
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LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
The Drake Hotel Chicago, IL 60611	TRC			Memo Amt: \$1,609.98
United Airlines Long Beach, CA 90810	TRC			Memo Amt: \$351.50
American Express Los Angeles, CA 90069			Credit Card Payment	\$354.91
Southwest Airlines Dallas, TX 75235-1611	TRS			Memo Amt: \$290.50
Travel Agency Services Los Angeles, CA 90096-0001	TRS			Memo Amt: \$35.96

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
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to whole dollars.

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER
The Governor Gray Davis Committee

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
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LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
United Airlines Long Beach, CA 90810	TRS			Memo Amt: \$132.50
Anne Chang Monterey Park, CA 91754	CTB		Travel Expenses	\$149.95
Anne Chang Monterey Park, CA 91754	CTB		Office Expenses	\$3.58
ASUCLA Event Services Los Angeles, CA 90024	CTB		Event Expenses	\$3,407.25
AT & T Wireless Services Phoenix, AZ 85062-8110	OFC			\$964.62

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER
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CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
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LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Audio Video West, Inc. W. Los Angeles, CA 90025	CTB		Event Expenses	\$3,413.22
Audio Video West, Inc. W. Los Angeles, CA 90025	CTB		Event Expenses	\$542.87
Audio Video West, Inc. W. Los Angeles, CA 90025	CTB		Event Expenses	\$243.61
Blue Cross of California Thousand Oaks, CA 91362	OFC			\$4,354.00
Bob Hattoy Los Angeles, CA 90035	CNS			\$7,500.00

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

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to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER
The Governor Gray Davis Committee

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CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
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LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Brothers Printing Sun Valley, CA 91352	CTB		Office Expenses	\$303.10
Brothers Printing Sun Valley, CA 91352	OFC			\$692.80
Budgetel Communications Culver City, CA 90230	CTB		Office Expenses	\$154.00
Budgetel Communications Culver City, CA 90230	OFC			\$105.00
Casabella Florist Beverly Hills, CA 90210	OFC			\$119.08

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

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CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Charu Khopkar Elk Grove, CA 95758	TRC			\$394.84
Cingular Wireless El Paso, TX 79912	CTB		Office Expenses	\$737.52
Clark T. Lee Los Angeles, CA 90035	CTB		Campaign Materials	\$64.93
Clark T. Lee Los Angeles, CA 90035	CTB		Campaign Materials	\$65.00
Creighton A. Avila Vacaville, CA 95688	TRC			\$28.84

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

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CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
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LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Dawn Sanders Roseville, CA 95747	OFC			\$102.01
Dewey Square Group Washington, DC 20001	CTB		Office Expenses	\$170.46
Dewey Square Group Washington, DC 20001	CTB		Consulting Fees	\$4,000.00
Doak Carrier & O'Donnell & Associates Washington, DC 20036	CTB		Production Expenses	\$15,000.00
ECI Conference Call Services LLC Wayne, NJ 07470	OFC			\$1,593.81

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

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CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
EDD Sacramento, CA 95817	CTB		Payroll Taxes	\$2,496.81
Ella Gower Davis, CA 95616	OFC			\$117.98
Federal Express Memphis, TN 38132	POS			\$300.27
Gabriel N. Sanchez Fullerton, CA 92833	CTB		Salary	\$2,143.09
Internal Revenue Service Ogden, UT 84401	CTB		Payroll Taxes	\$15,807.14

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Jason Kruger Sacramento, CA 95822	CTB		Travel Expenses	\$39.00
Jason Kruger Sacramento, CA 95822	CTB		Travel Expenses	\$10.00
Jason Kruger Sacramento, CA 95822	CTB		Payroll Expenses	\$3,126.98
Jeff Kiernan Hermosa Beach, CA 90254	TRS			\$70.82
Jeremy Thompson Sherman Oaks, CA 91423	SAL			\$4,021.96

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Schedule E (Continuation Sheet) Payments Made

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Julie Sandino Sacramento, CA 95814	CTB		Consulting Fees	\$5,000.00
The JustUS Group Los Angeles, CA 90025	CTB		Consulting Fees	\$12,000.00
Kathleen Connolly San Ramon, CA 94583	CTB		Consulting Fees	\$3,250.00
Lexis Nexis Los Angeles, CA 90015	CTB		Research Expenses	\$300.00
MCI Worldcomm Richmond, VA 23285-4100	WEB			\$3,450.00

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Monstertrak.com Los Angeles, CA 90025	CTB		Office Expenses	\$295.00
Monstertrak.com Los Angeles, CA 90025	CTB		Office Expenses	\$295.00
Nicholas Sandler Los Angeles, CA 90049	CTB		Travel Expenses	\$967.44
Nicholas Sandler Los Angeles, CA 90049	CTB		Event Expenses	\$110.93
Office Of The Governor Sacramento, CA 95814	OFC			\$479.83

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Overnite Express Irvine, CA 92614	CTB		Shipping	\$107.77
Overnite Express Irvine, CA 92614	CTB		Shipping	\$62.36
Peter Ragone Los Angeles, CA 90035	CTB		Consulting Expense	\$10,400.00
PRSI Concord, CA 94524	CTB		Research Expenses	\$41.00
PRSI Concord, CA 94524	CTB		Research Expenses	\$41.00

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Robert Mike Hauben Downey, CA 90240	TRC			\$72.27
Roger V. Salazar Elk Grove, CA 95758	CNS			\$10,751.12
SCN Public Relations San Francisco, CA 94133	CTB	Office Expenses		\$6,487.60
SCN Public Relations San Francisco, CA 94133	CTB	Consulting Fees		\$25,000.00
Sprint Brea, CA 92821	OFC			\$361.20

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Staples Credit Plan Des Moines, IA 50368-9020	OFC			\$3,169.32
Stephen J. Smith Los Altos, CA 94022	CTB		Office Expenses	\$31.49
Stephen J. Smith Los Altos, CA 94022	CTB		Office Expenses	\$409.21
Stephen J. Smith Los Altos, CA 94022	CTB		Travel Expenses	\$2,800.61
Tanya N. Crawford Inglewood, CA 90304	CTB		Payroll	\$1,448.14

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Tanya N. Crawford Inglewood, CA 90304	CTB		Office Expenses	\$43.25
The Strategy Group Fort Dearborn, IL 60610	CTB		Consulting Fees	\$13,000.00
Tracy Olmstead Beverly Hills, CA 90212	CTB		Travel Expenses	\$75.20
Tracy Olmstead Beverly Hills, CA 90212	CTB		Payroll Expenses	\$2,301.23
United Parcel Service The Lakes, NV 88905-5820	POS			\$44.47

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Verizon Wireless Irvine, CA 92618	OFC			\$183.60
Video Monitoring Services Los Angeles, CA 90028	CTB		Subscriptions	\$215.56
Video Monitoring Services Los Angeles, CA 90028	CTB		Subscriptions	\$148.24
Yolanda S. Walther-Meade San Diego, CA 92101	CTB		Consultant fee	\$700.00
Yolanda S. Walther-Meade San Diego, CA 92101	CTB		Consultant fee	\$117.00

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AT & T Sacramento, CA 95814	OFC			\$26.93
City National Bank Los Angeles, CA 90067	OFC			\$356.30
Aaron Bloom Sacramento, CA 95816	CTB	Travel		\$425.44
Aaron Bloom Sacramento, CA 95816	CTB	Office Expenses		\$23.18
Aaron Bloom Sacramento, CA 95816	CTB	Office Expenses		\$119.80

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Adam Seiden Burbank, CA 91505	CTB		Travel Expenses	\$5.00
Adam Seiden Burbank, CA 91505	CTB		Event Expenses	\$19.00
Adam Seiden Burbank, CA 91505	CTB		Travel Expenses	\$5.00
Adam Seiden Burbank, CA 91505	CTB		Media Expenses	\$34.48
Adam Seiden Burbank, CA 91505	CTB		Event Expenses	\$11.25

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Adam Seiden Burbank, CA 91505	CTB		Office Expenses	\$500.00
Adelphia City Of Industry, CA 91745	CTB		Office Expenses	\$167.55
Alameda County Fair Association Pleasanton, CA 94566	CTB		Meeting Expenses	\$225.00
Ampco System Parking Los Angeles, CA 90035	CTB		Parking Expense	\$425.00
Ampco System Parking Los Angeles, CA 90035	CTB		Parking Expense	\$3,774.00

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Ampco System Parking Los Angeles, CA 90035	CTB		Parking Expense	\$2,490.00
Anthony Yeo Los Angeles, CA 90032	CTB		Web Page/Internet	\$4,700.00
ASUCLA Event Services Los Angeles, CA 90024	CTB		Event Expenses	\$252.80
AT & T Wireless Services Phoenix, AZ 85062-8110	CTB		Office Expenses	\$176.78
AT & T Wireless Services Phoenix, AZ 85062-8110	CTB		Office Expenses	\$308.69

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LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Audio Video West, Inc. W. Los Angeles, CA 90025	CTB		Event Expenses	\$1,945.32
Audio Video West, Inc. W. Los Angeles, CA 90025	CTB		Event Expenses	\$518.90
AV Brokers Alhambra, CA 91801	CTB		Event Expenses	\$2,124.80
Bill Lloyd Oakland, CA 94602-1115	CTB		Consulting Fees	\$4,925.00
Bill Lloyd Oakland, CA 94602-1115	CTB		Consulting Fees	\$4,925.00

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
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CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Brian Kim Los Angeles, CA 90036	CTB		Office Expenses	\$425.00
Brothers Printing Sun Valley, CA 91352	CTB		Office Expenses	\$351.81
Canon Financial Services, Inc. Carol Stream, IL 60197-4004	CTB		Event Expenses	\$435.67
Competence Group, Inc. Chicago, IL 60614	CTB		Consulting Fees	\$976.76
Conference Call.com Carrollton, TX 75007	CTB		Office Expenses	\$4,269.60

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Schedule E (Continuation Sheet) Payments Made

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Conference Call.com Carrollton, TX 75007	CTB		Office Expenses	\$2,024.40
Contra Costa Labor Council Martinez, CA 94553	CTB		Event Expenses	\$500.00
Counter Spy Beverly Hill, CA 90212	CTB		Office Expenses	\$2,800.00
Cynthia Leon Sacramento, CA 95814	TRC			\$95.01
David Heitstuman Sacramento, CA 95814	TRS			\$187.65

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Dewey Square Group Washington, DC 20001	CTB		Office Expenses	\$234.56
Dewey Square Group Washington, DC 20001	CTB		Consulting Fees	\$4,000.00
Doak Carrier & O'Donnell & Associates Washington, DC 20036	CTB		Office Expenses	\$401.15
Doak Carrier & O'Donnell & Associates Washington, DC 20036	CTB		Travel Expenses	\$21,810.29
Doak Carrier & O'Donnell & Associates Washington, DC 20036	CTB		Office Expenses	\$132.82

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Doak Carrier & O'Donnell & Associates Washington, DC 20036	CTB		Media Production	\$8,512.55
ECI Conference Call Services LLC Wayne, NJ 07470	CTB		Office Expenses	\$831.90
ECI Conference Call Services LLC Wayne, NJ 07470	CTB		Office Expenses	\$2,793.13
ECI Conference Call Services LLC Wayne, NJ 07470	CTB		Office Expenses	\$1,317.87
EDD Sacramento, CA 95817	CTB		Payroll Taxes	\$2,581.94

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Edward Moreno Van Nuys, CA 91406	CTB		Office Expenses	\$350.00
Fenton Video Productions Harbor City, CA 90710	CTB		Event Expenses	\$950.00
Gabriel N. Sanchez Fullerton, CA 92833	CTB		Salary	\$3,057.47
Gold Coast Relocation Orange, CA 92862	CTB		Lodging Expenses	\$1,580.00
Gordon & Schwenkmeyer, Inc. El Segundo, CA 90245	CNS			\$40,274.48

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Hi Tech Computer Rental Burbank, CA 91502	CTB		Event Expenses	\$1,071.70
Hi Tech Computer Rental Burbank, CA 91502	CTB		Event Expenses	\$2,650.79
HP Associates Los Angeles, CA 90035	CTB		Event Expenses	\$238.15
Internal Revenue Service Ogden, UT 84401	CTB		Payroll Taxes	\$16,267.02
Jason Kruger Sacramento, CA 95822	CTB		Travel Expenses	\$155.99

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Jason Kruger Sacramento, CA 95822	CTB		Payroll Expenses	\$3,126.98
Jill Mosher Oakland, CA 64618	CTB		Event Expenses	\$200.00
Kathleen Connolly San Ramon, CA 94583	CTB		Consulting Fees	\$3,250.00
Lexis Nexis Los Angeles, CA 90015	CTB		Research Expenses	\$300.00
Lynn A. Schenk La Jolla, CA 92037	TRC			\$971.61

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SCHEDULE E (CONT.)

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Michael Bustamante Sacramento, CA 95816	TRS			\$2,857.28
Nicholas Sandler Los Angeles, CA 90049	CTB		Event Expenses	\$544.15
Nicholas Sandler Los Angeles, CA 90049	CTB		Event Expenses	\$1,372.00
Nicholas Sandler Los Angeles, CA 90049	CTB		Travel Expenses	\$716.18
Nicholas Sandler Los Angeles, CA 90049	CTB		Travel Expenses	\$20.74

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- | | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, email) |

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Office Depot Los Angeles, CA 90064	CTB		Office Expenses	\$418.82
Overnite Express Irvine, CA 92614	CTB		Shipping	\$18.27
Pacific Jet Van Nuys, CA 91406	CTB		Event Expenses	\$12,198.15
Peter Ragone Los Angeles, CA 90035	CTB		Travel Expenses	\$828.00
Political Data Inc Burbank, CA 91507	CTB		Office Expenses	\$12,104.03

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PRSI Concord, CA 94524	CTB		Research Expenses	\$82.00
Rough & Tumble Sacramento, CA 95825	CTB		Office Expenses	\$755.00
San Diego Jewish Journal San Diego, Ca 92121	CTB		Print Ads	\$2,400.00
San Diego Jewish Journal San Diego, Ca 92121	CTB		Print Ads	\$575.00
SBC Sacramento, CA 95887-0001	OFC			\$864.98

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Sequoia Messenger Sherman Oaks, CA 91403	CTB		Office Expenses	\$365.38
Sky Tel Atlanta, GA 30328	OFC			\$304.00
Smith Kaufman Los Angeles, CA 90017	PRO			\$11,910.00
Smith Kaufman Los Angeles, CA 90017	CTB		Legal Services	\$6,157.50
Sparkletts Pasadena, CA 91107	CTB		Office Supplies	\$256.34

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Sprint Brea, CA 92821	CTB		Office Expenses	\$448.42
Sprint Brea, CA 92821	CTB		Office Expenses	\$130.92
Strategy Group Inc Pasadena, CA 91101	CTB		Office Expenses	\$2,200.00
Tanya N. Crawford Inglewood, CA 90304	CTB		Office Expenses	\$689.64
Tanya N. Crawford Inglewood, CA 90304	CTB		Payroll	\$1,448.14

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Tanya N. Crawford Inglewood, CA 90304	CTB		Travel Expenses	\$38.60
Tanya N. Crawford Inglewood, CA 90304	CTB		Travel Expenses	\$17.00
The JustUS Group Los Angeles, CA 90025	CTB		Event Expenses	\$7.00
The JustUS Group Los Angeles, CA 90025	CTB		Office Expenses	\$116.84
Tracy Olmstead Beverly Hills, CA 90212	CTB		Payroll Expenses	\$2,301.23

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
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Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER The Governor Gray Davis Committee		I.D. NUMBER 962636

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NAME OF FILER
The Governor Gray Davis Committee

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CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
United Parcel Service The Lakes, NV 88905-5820	CTB		Office Expenses	\$147.69
United Parcel Service The Lakes, NV 88905-5820	CTB		Office Expenses	\$80.02
United Parcel Service The Lakes, NV 88905-5820	CTB		Office Expenses	\$121.71
Video Monitoring Services Los Angeles, CA 90028	CTB		Subscriptions	\$217.71
Vision Prompt, Inc. Calabasas, CA 91302	CTB		Event Expenses	\$1,950.00

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Winstar Cleveland, OH 44114	CTB		Office Expenses	\$2,542.25
Xpedite Systems Chicago, IL 60674-1268	CTB		Office Expenses	\$2,969.22
Smith Kaufman Los Angeles, CA 90017	CTB		Office Expenses	\$51.62
Smith Kaufman Los Angeles, CA 90017	OFC			\$678.66
Peter Ragone Los Angeles, CA 90035	CTB		Travel Expenses	\$131.52

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Schedule E (Continuation Sheet) Payments Made

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Budgetel Communications Culver City, CA 90230	CTB		Office Expenses	\$339.38
California Bank & Trust BankCard Center Salt Lake City, UT 84125	CTB		Credit Card Payment	\$54,947.00
Academy Event Service LLC Los Angeles, CA 90058	OFC			Memo Amt: \$3,177.34
AT & T Wireless Services Phoenix, AZ 85062-8110	OFC			Memo Amt: \$199.95
Century Plaza Hotel & Spa Century City, CA 90067	TRS			Memo Amt: \$1,321.01

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Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Coastal Satellite, Inc. Agoura Hills, CA 91301	OFC			Memo Amt: \$8,387.98
Register.Com New York, NY 10018	WEB			Memo Amt: \$420.00
Regent Beverly Wilshire Beverly Hills, CA 90212	TRS			Memo Amt: \$398.02
Pacific Jet Inc. Van Nuys, CA 91406	TRS			Memo Amt: \$2,320.96
PI*Palm.net Service Milpitas, CA 95035	OFC			Memo Amt: \$87.26

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SCHEDULE E (CONT.)

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Mulberry Street Pizza Beverly Hills, CA 90210	TRS			Memo Amt: \$130.00
Meetup.com New York, NY 10001	OFC			Memo Amt: \$5,000.00
Marriott San Diego, CA 92101	TRS			Memo Amt: \$1,269.47
Lightning Dubbs Hollywood, CA 90038	OFC			Memo Amt: \$264.03
Kinko's Marina Del Rey, CA 90292	OFC			Memo Amt: \$40.44

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SCHEDULE E (CONT.)

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
W Los Angeles Westwood Los Angeles, CA 90024	TRS			Memo Amt: \$988.77
Video Monitoring Services Los Angeles, CA 90028	OFC			Memo Amt: \$1,009.21
Verisign Mountain View, CA 94043	TEL			Memo Amt: \$1,395.00
United Airlines Long Beach, CA 90810	TRS			Memo Amt: \$155.50
Sprint PCS (Payment Center) Kansas City, MO 64121-9718	OFC			Memo Amt: \$393.89

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Southwest Airlines Dallas, TX 75235-1611	TRS			Memo Amt: \$719.00
Selected Hosting Baldwin Park, CA 91706	WEB			Memo Amt: \$393.40
Scotts Seafood Grill & Bar Walnut Creek, CA 94596	MTG			Memo Amt: \$247.77
Remc Inc. Laguna Hills, CA 92653	WEB			Memo Amt: \$180.25
Westin St. Francis San Francisco, CA 94102	TRS			Memo Amt: \$7,800.00

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Kinko's Los Angeles, CA 90017	OFC			Memo Amt: \$173.20
IStock Photo Calgary Alberta, CA	OFC			Memo Amt: \$100.00
HTAV Palwest Burbank, CA 91505	OFC			Memo Amt: \$585.00
Google Mountain View, CA 94043	WEB			Memo Amt: \$1,435.08
Google Mountain View, CA 94043	OFC			Memo Amt: \$572.23

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Fairmont Hotel San Francisco, CA 94108	MTG			Memo Amt: \$8,202.60
Dollar Rent A Car Sacramento, CA 95814	OFC			Memo Amt: \$114.07
Corporate Housing Orange, CA 92862	OFC			Memo Amt: \$2,500.00
Chi Los Angeles, CA 90027	MTG			Memo Amt: \$980.00
BearCom Los Angeles, CA 90035	OFC			Memo Amt: \$184.03

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Apple Computers Plano, TX 75093	OFC			Memo Amt: \$1,466.40
Alaska Air Seattle, WA 98158	TRS			Memo Amt: \$264.50
American Airlines Fort Worth, TX 76155	TRS			Memo Amt: \$2,513.50
American Rent All Tarzana, CA 91356	OFC			Memo Amt: \$897.07
Alameda County Fair Association Pleasanton, CA 94566	MTG			Memo Amt: \$850.00

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Edward H Emerson III Sacramento, CA 95819	CTB		Travel Expenses	\$140.43
AT & T Wireless Services Phoenix, AZ 85062-8110	CTB		Office Expenses	\$382.14
AT & T Wireless Services Phoenix, AZ 85062-8110	CTB		Office Expenses	\$129.39
Fairbank Maslin Maullin & Associates Santa Monica, CA 90404	CTB		Research Expenses	\$10,000.00
Fairbank Maslin Maullin & Associates Santa Monica, CA 90404	CTB		Research Expenses	\$35,000.00

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Paychex Encino, CA 91316	OFC			\$339.55
American Express Merchant Services Los Angeles, CA 90096-0001	OFC			\$176.00
Shred It - Los Angeles Paramount, CA 90723	CTB	Office Expenses		\$100.50

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SUBTOTAL \$509,100.15

Schedule F Accrued Expenses (Unpaid Bills)

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NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Crounse Malchow Schlackman & Hoppey, Inc. Washington, DC 20005-2710	LIT	\$11,957.06	\$0.00	\$0.00	\$11,957.06
Shred It - Los Angeles Paramount, CA 90723	OFC	\$100.50	\$0.00	\$100.50	\$0.00
Budgetel Communications Culver City, CA 90230	OFC	\$259.00	\$0.00	\$259.00	\$0.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTALS

Schedule F Summary

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.)..... **INCURRED TOTALS** \$1,366.06
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.)..... **PAID TOTALS** \$65,789.78
- Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)..... **NET** (\$64,423.72)
May be a negative number.

**Schedule F
(Continuation Sheet)
Accrued Expenses (Unpaid Bills)**

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period
from 08/24/2003
through 09/20/2003

CALIFORNIA FORM 460
Page 140 of 155
I.D. NUMBER 962636

NAME OF FILER
The Governor Gray Davis Committee

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- | | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, email) |
- *Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Brothers Printing Sun Valley, CA 91352	OFC	\$692.80	\$0.00	\$692.80	\$0.00
Office Of The Governor Sacramento, CA 95814	OFC	\$448.84	\$0.00	\$448.84	\$0.00
Chem Art Providence, RI 02901-0582	OFC	\$26.79	\$0.00	\$26.79	\$0.00
Staples Credit Plan Des Moines, IA 50368-9020	OFC	\$3,169.32	\$0.00	\$3,169.32	\$0.00

SUBTOTALS

Schedule F
(Continuation Sheet)
Accrued Expenses (Unpaid Bills)

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Statement covers period
from 08/24/2003
through 09/20/2003

CALIFORNIA FORM 460
Page 141 of 155
I.D. NUMBER 962636

NAME OF FILER
The Governor Gray Davis Committee

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- CMP campaign paraphernalia/misc.

CNS campaign consultants

CTB contribution (explain nonmonetary)*

CVC civic donations

FIL candidate filing/ballot fees

FND fundraising events

IND independent expenditure supporting/opposing others (explain)*

LEG legal defense

LIT campaign literature and mailings
- MBR member communications

MTG meetings and appearances

OFC office expenses

PET petition circulating

PHO phone banks

POL polling and survey research

POS postage, delivery and messenger services

PRO professional services (legal, accounting)

PRT print ads
- RAD radio airtime and production costs

RFD returned contributions

SAL campaign workers' salaries

TEL t.v. or cable airtime and production costs

TRC candidate travel, lodging, and meals

TRS staff/spouse travel, lodging, and meals

TSF transfer between committees of the same candidate/sponsor

VOT voter registration

WEB information technology costs (internet, email)

*Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Federal Express Memphis, TN 38132	POS	\$61.47	\$0.00	\$61.47	\$0.00
ECI Conference Call Services LLC Wayne, NJ 07470	OFC	\$1,593.81	\$0.00	\$1,593.81	\$0.00
United Parcel Service The Lakes, NV 88905-5820	POS	\$44.47	\$0.00	\$44.47	\$0.00
Anne Chang Monterey Park, CA 91754	TRS	\$153.53	\$0.00	\$153.53	\$0.00

SUBTOTALS

Schedule F (Continuation Sheet) Accrued Expenses (Unpaid Bills)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE F (CONT.)

Statement covers period
from 08/24/2003
through 09/20/2003

CALIFORNIA
FORM 460

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NAME OF FILER
The Governor Gray Davis Committee

I.D. NUMBER
962636

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
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Clark T. Lee Los Angeles, CA 90035	CMP	\$129.93	\$0.00	\$129.93	\$0.00
Tracy Olmstead Beverly Hills, CA 90212	TRS	\$75.20	\$0.00	\$75.20	\$0.00
Nicholas Sandler Los Angeles, CA 90049	TRS	\$1,078.37	\$0.00	\$1,078.37	\$0.00
ASUCLA Event Services Los Angeles, CA 90024	MTG	\$3,407.25	\$0.00	\$3,407.25	\$0.00

SUBTOTALS

Schedule F (Continuation Sheet) Accrued Expenses (Unpaid Bills)

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period
from 08/24/2003
through 09/20/2003

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FORM **460**

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NAME OF FILER
The Governor Gray Davis Committee

I.D. NUMBER
962636

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
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NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Ella Gower Davis, CA 95616	OFC	\$117.98	\$0.00	\$117.98	\$0.00
Casabella Florist Beverly Hills, CA 90210	OFC	\$119.08	\$0.00	\$119.08	\$0.00
Lexis Nexis Los Angeles, CA 90015	OFC	\$300.00	\$0.00	\$300.00	\$0.00
Sprint Brea, CA 92821	OFC	\$361.20	\$0.00	\$361.20	\$0.00

SUBTOTALS

Schedule F (Continuation Sheet) Accrued Expenses (Unpaid Bills)

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Statement covers period
from 08/24/2003
through 09/20/2003

CALIFORNIA
FORM **460**

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NAME OF FILER
The Governor Gray Davis Committee

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CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
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NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
American Express Los Angeles, CA 90069	Credit Card Payment	\$81.45	\$0.00	\$81.45	\$0.00
Cingular Wireless El Paso, TX 79912	OFC	\$737.52	\$0.00	\$737.52	\$0.00
MCI Worldcomm Richmond, VA 23285-4100	WEB	\$870.00	\$0.00	\$870.00	\$0.00
Adelphia City Of Industry, CA 91745	OFC	\$167.55	\$0.00	\$167.55	\$0.00

SUBTOTALS

**Schedule F
(Continuation Sheet)
Accrued Expenses (Unpaid Bills)**

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to whole dollars.

Statement covers period
from 08/24/2003
through 09/20/2003

**CALIFORNIA
FORM 460**

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NAME OF FILER
The Governor Gray Davis Committee

I.D. NUMBER
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- | | | |
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| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
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PRSI Concord, CA 94524	OFC	\$82.00	\$0.00	\$82.00	\$0.00
Video Monitoring Services Los Angeles, CA 90028	OFC	\$363.80	\$0.00	\$363.80	\$0.00
Audio Video West, Inc. W. Los Angeles, CA 90025	MTG	\$4,199.70	\$0.00	\$4,199.70	\$0.00
Dewey Square Group Washington, DC 20001	CNS	\$4,170.46	\$0.00	\$4,170.46	\$0.00

SUBTOTALS

Schedule F (Continuation Sheet) Accrued Expenses (Unpaid Bills)

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to whole dollars.

Statement covers period
from 08/24/2003
through 09/20/2003

CALIFORNIA
FORM **460**

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NAME OF FILER
The Governor Gray Davis Committee

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CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
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Monstertrak.com Los Angeles, CA 90025	OFC	\$590.00	\$0.00	\$590.00	\$0.00
AT & T Sacramento, CA 95814	OFC	\$26.93	\$0.00	\$26.93	\$0.00
Fairbank Maslin Maullin & Associates Santa Monica, CA 90404	POL	\$35,000.00	\$0.00	\$35,000.00	\$0.00
Creighton A. Avila Vacaville, CA 95688	TRC	\$28.84	\$0.00	\$28.84	\$0.00

SUBTOTALS

**Schedule F
(Continuation Sheet)
Accrued Expenses (Unpaid Bills)**

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to whole dollars.

Statement covers period
from 08/24/2003
through 09/20/2003

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Page 147 of 155

NAME OF FILER
The Governor Gray Davis Committee

I.D. NUMBER
962636

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- | | | |
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Jason Kruger Sacramento, CA 95822	TRS	\$39.00	\$0.00	\$39.00	\$0.00
Tanya N. Crawford Inglewood, CA 90304	OFC	\$43.25	\$0.00	\$43.25	\$0.00
Stephen J. Smith Los Altos, CA 94022	TRS	\$3,241.31	\$0.00	\$3,241.31	\$0.00
Overnite Express Irvine, CA 92614	POS	\$170.13	\$0.00	\$170.13	\$0.00

SUBTOTALS

Schedule F (Continuation Sheet) Accrued Expenses (Unpaid Bills)

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SCHEDULE F (CONT.)

Statement covers period
from 08/24/2003
through 09/20/2003

CALIFORNIA
FORM **460**

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NAME OF FILER
The Governor Gray Davis Committee

I.D. NUMBER
962636

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CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
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Charu Khopkar Elk Grove, CA 95758	TRC	\$394.84	\$0.00	\$394.84	\$0.00
Robert Mike Hauben Downey, CA 90240	TRC	\$72.27	\$0.00	\$72.27	\$0.00
Jeff Kiernan Hermosa Beach, CA 90254	TRS	\$70.82	\$0.00	\$70.82	\$0.00
Yolanda S. Walther-Meade San Diego, CA 92101	MTG	\$817.00	\$0.00	\$817.00	\$0.00

SUBTOTALS

**Schedule F
(Continuation Sheet)
Accrued Expenses (Unpaid Bills)**

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to whole dollars.

SCHEDULE F (CONT.)

Statement covers period
from 08/24/2003
through 09/20/2003

**CALIFORNIA
FORM 460**

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NAME OF FILER
The Governor Gray Davis Committee

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CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
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Blue Cross of California Thousand Oaks, CA 91362	OFC	\$2,177.00	\$0.00	\$2,177.00	\$0.00
Jeff Cocoran Tiburon, CA 94920	MTG	\$0.00	\$12.90	\$0.00	\$12.90
Jeff Kiernan Hermosa Beach, CA 90254	MTG	\$0.00	\$155.08	\$0.00	\$155.08
Charu Khopkar Elk Grove, CA 95758	MTG	\$0.00	\$55.10	\$0.00	\$55.10

SUBTOTALS

**Schedule F
(Continuation Sheet)
Accrued Expenses (Unpaid Bills)**

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Amounts may be rounded
to whole dollars.

Statement covers period
from 08/24/2003
through 09/20/2003

CALIFORNIA FORM 460
Page 150 of 155

NAME OF FILER
The Governor Gray Davis Committee

I.D. NUMBER
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- | | | |
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| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
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| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
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Imagecom San Diego, CA 92123	OFC	\$0.00	\$249.98	\$0.00	\$249.98
AT & T Wireless Services Phoenix, AZ 85062-8110	OFC	\$306.37	\$0.00	\$306.37	\$0.00
SBC Communications, Inc. San Francisco, CA 94105	OFC	\$0.00	\$893.00	\$0.00	\$893.00
SUBTOTALS		\$77,746.84	\$1,366.06	\$65,789.78	\$13,323.12

Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE G

Statement covers period		CALIFORNIA FORM 460
from	08/24/2003	
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
The Governor Gray Davis Committee

I.D. NUMBER
962636

NAME OF AGENT OR INDEPENDENT CONTRACTOR
BILL ASHBY

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Southwest Airlines Dallas, TX 75235-1611	TRS			\$828.00

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$828.00

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE G

Statement covers period		CALIFORNIA FORM 460
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through	09/20/2003	Page 152 of 155

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NAME OF FILER
The Governor Gray Davis Committee

I.D. NUMBER
962636

NAME OF AGENT OR INDEPENDENT CONTRACTOR
Doak Carrier & O'Donnell

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
American Federation Of Television & Radio Artists Philadelphia, PA 19102	TEL			\$940.00
Salvatore Coniglio Encino, CA 91316	TEL			\$710.00
John W. Hartmann Los Angeles, CA 90066	TEL			\$800.00
United Airlines Long Beach, CA 90810	TEL			\$12,378.50

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$2462.00

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

FPPC Form 460 (June/01)
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Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE G

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NAME OF FILER
The Governor Gray Davis Committee

I.D. NUMBER
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NAME OF AGENT OR INDEPENDENT CONTRACTOR
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CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

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CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
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IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Modern Video/Audio Productions Philadelphia, PA 19107	TEL			\$7,500.00
Sheraton Grand Sacramento Hotel Sacramento, CA 95814	TEL			\$664.91

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$671.91

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

FPPC Form 460 (June/01)
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Schedule H – Loans Made to Others*

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE H

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I.D. NUMBER
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FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT LOANED THIS PERIOD	(c) REPAYMENT OR FORGIVENESS THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
CA Against the Costly Recall of the Governor Los Angeles, CA 90069				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN	\$500,000.00 10/31/2003 DATE DUE	 RATE 	\$500,000.00 7/31/2003 DATE INCURRED	CALENDAR YEAR PER ELECTION**
Committee ID: 1256416 California Democratic Party Sacramento, CA 95814		\$500,000.00		<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN	\$200,000.00 12/31/2003 DATE DUE	 RATE 	\$200,000.00 10/25/2002 DATE INCURRED	CALENDAR YEAR \$12,800.00 PER ELECTION**
Committee ID: 942384		\$200,000.00			\$700,000.00			
*Loans that are contributions to another candidate or committee must also be summarized on Schedule D. Loans forgiven must also be reported on Schedule E.		SUBTOTALS						

(Enter (e) on
Schedule I, Line 3)

Schedule H Summary

1. Loans made this period \$0.00
(Total Column (b) plus unitemized loans less than \$100.)

2. Payments received on loans \$0.00
(Total Column (c) plus unitemized payments less than \$100.)

3. Net change this period. (Subtract Line 2 from Line 1.) **NET** \$0.00
(Enter the net here and on the Summary Page, Column A, Line 7.)
(May be a negative number)

** If Required

Schedule I

Miscellaneous Increases to Cash

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE I

Statement covers period
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I.D. NUMBER
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DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
9/16/2003	City Of Los Angeles Los Angeles, CA 90012	Check Voided	\$450.00
8/31/2003	California Bank & Trust Los Angeles, CA 90071	Interest	\$558.67
9/20/2003	Michael Bustamante Sacramento, CA 95816	Check Never Negotiated	\$2,857.28

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$3,865.95

Schedule I Summary

1. Increases to cash of \$100 or more this period..... \$3,865.95

2. Unitemized increases to cash under \$100 this period..... \$0.00

3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).)..... \$0.00

4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the
Summary Page, Line 14.).....

TOTAL \$3,865.95

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